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FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

57

Application Number

10/056,298

Filing Date

January 25, 2002

First Named Inventor

Maria Chovet

Group Art Unit

1623

Examiner Name

Attorney Docket Number

A0000506-01-DRK

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

David R. Kurlandsky

Signature

Date

5/29/02

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  5/29/02

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Signature

Date

5/29/02

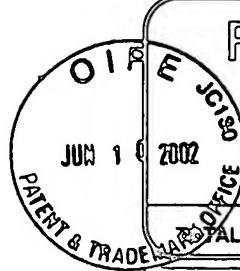
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PTO/SB/17 (11-00)

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# **FEET TRANSMITTAL for FY 2001**

*Patent fees are subject to annual revision.*

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	<b>0.00</b>
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**Complete if Known**

Application Number	10/056,298
Filing Date	January 25, 2002
First Named Inventor	Maria Chovet
Examiner Name	
Group Art Unit	1623
Attorney Docket No.	A0000506-01-DRK

<b>METHOD OF PAYMENT</b>	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>23-0455</b></p> <p>Deposit Account Name <b>Warner-Lambert Company</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>	
<p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>	

<b>FEES CALCULATION</b>																													
<p>1. <b>BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Largo Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201 355 Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>320</td> <td>206 160 Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207 245 Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208 355 Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214 75 Provisional filing fee</td> <td></td> </tr> </tbody> </table> <p align="right"><b>SUBTOTAL (1) (\$)</b> <b>0.00</b></p>		Largo Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	101	710	201 355 Utility filing fee		106	320	206 160 Design filing fee		107	490	207 245 Plant filing fee		108	710	208 355 Reissue filing fee		114	150	214 75 Provisional filing fee	
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<p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>-20** = <b>0</b></td> <td><b>18.00</b></td> <td><b>0.00</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>- 3** = <b>0</b></td> <td><b>84.00</b></td> <td><b>0.00</b></td> </tr> <tr> <td colspan="2"></td> <td><b>0.00</b></td> <td><b>0.00</b></td> </tr> </tbody> </table>		Total Claims	Extra Claims	Fee from below	Fee Paid	<input type="checkbox"/>	-20** = <b>0</b>	<b>18.00</b>	<b>0.00</b>	<input type="checkbox"/>	- 3** = <b>0</b>	<b>84.00</b>	<b>0.00</b>			<b>0.00</b>	<b>0.00</b>
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		<b>0.00</b>	<b>0.00</b>														

<p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203 9 Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202 40 Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204 135 Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>80</td> <td>209 40 ** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210 9 ** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p align="right"><b>SUBTOTAL (2) (\$)</b> <b>0.00</b></p>		Fee Code (\$)	Fee Code (\$)	Fee Description	103	18	203 9 Claims in excess of 20	102	80	202 40 Independent claims in excess of 3	104	270	204 135 Multiple dependent claim, if not paid	109	80	209 40 ** Reissue independent claims over original patent	110	18	210 9 ** Reissue claims in excess of 20 and over original patent
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\*or number previously paid, if greater; For Reissues, see above

**FEES CALCULATION (continued)**

**3. ADDITIONAL FEES**

Largo Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** **0.00**

<b>SUBMITTED BY</b>		<b>Complete if applicable</b>
Name (Print/Type)	David R. Kurlandsky	Registration No. (Attorney/Agent) <b>41,505</b>
Signature		Telephone <b>(734) 622-7304</b>
Date		

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